

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO **10776417**
APPLICANT(S)

FILED DATE **02-11-04**

| CLAIMS | | | | | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
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| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | 10 | | | | | |
| TOTAL CLAIMS | 14 | | | | | |